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## Bib Data Sheet

**CONFIRMATION NO. 1749** 

| SERIAL NUMBEI<br>09/976,945   | RULE  | <b>CLASS</b><br>358 |       | GROUP ART UNIT<br>2622 |                                  | ATTORNEY<br>DOCKET NO.<br>1296-01 |                |  |
|---|---|---------------------|-------|------------------------|----------------------------------|-----------------------------------|----------------|--|
| APPLICANTS  |   |                     |       |                        |                                  |                                   |                |  |
| Pascal Pinea  | au, Palaiseau, FRANCE;                                |                     |       |                        |                                  |                                   |                |  |
| ** CONTINUING D   | ATA ***********                                       | **                  |       |                        |                                  |                                   |                |  |
| THIS APPLICATION IS A CON OF PCT/FR00/00977 04/14/2000                  |   |                     |       |                        |                                  |                                   |                |  |
| ** FOREIGN APPL<br>FRANCE 99/   | ICATIONS ************************************         | <b>未</b> 未          |       |                        |                                  |                                   |                |  |
| IF REQUIRED, FOI<br>** 11/13/2001                                       | REIGN FILING LICENSE                                  | GRANTED ** SMA      | LL EN | NTITY **               |                                  |                                   |                |  |
| Foreign Priority claimed yes no STATE OR SHI                            |   |                     |       |                        | EETS TOTA                        |                                   | AL INDEPENDENT |  |
| 35 USC 119 (a-d) conditions    wes    no    Met after    COUNTRY    DRA |   |                     |       |                        |                                  |                                   | CLAIMS         |  |
| Verified and<br>Acknowledged  | Allowance M<br>Examiner's Signature Ini               | FRANC               | E     | 1                      | 10                               |                                   | 2              |  |
| ADDRESS<br>22469  |   |                     |       |                        |                                  |                                   |                |  |
| TITLE   |   |                     |       |                        |                                  |                                   |                |  |
| Medical imaging sys   | stem  |                     |       |                        |                                  |                                   |                |  |
|   |   |                     |       |                        | All Fees                         |                                   |                |  |
|   |   |                     |       |                        | 1.16 Fees ( Filing )             |                                   |                |  |
| FILING FEE  | FEES: Authority has been given in Paper               |                     |       |                        | ☐ 1.17 Fees ( Processing Ext. of |                                   |                |  |
| RECEIVED No   | No to charge/credit DEPOSIT ACCOUNT No for following: |                     |       |                        |                                  |                                   | Some Ext. C.   |  |
| 435 No  |   |                     |       |                        | 8 Fees ( I                       | Issue                             | )              |  |
|   |   |                     |       | Oth                    | er                               |                                   |                |  |
|   |   |                     |       |                        | ☐ Credit                         |                                   |                |  |